

## 2011 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:  
General City Management

### HMO Employee Share for "MANAGEMENT"

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

### Basic Plan Employee Share for "MANAGEMENT"

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

### CHART I - 2011 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>United Health Care</b>	\$ 746.08	\$ 726.08	<i>\$20.00</i>	\$ 2,037.29	\$ 1,997.29	<i>\$40.00</i>
<b>Basic Plan</b>	\$ 979.75	\$ 904.75	<i>\$75.00</i>	\$ 2,208.11	\$ 2,058.11	<i>\$150.00</i>

### CHART II - 2011 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$ 24.95	\$ 13.00	<i>\$11.95</i>	\$ 86.20	\$ 37.50	\$48.70
<b>Care-Plus</b>	\$ 42.83	\$ 13.00	<i>\$29.83</i>	\$ 126.23	\$ 37.50	\$88.73
<b>DentalBlue</b>	\$ 47.25	\$ 13.00	<i>\$34.25</i>	\$ 141.77	\$ 37.50	\$104.27

NOTE:

EMPLOYEE PREMIUMS IN 2011 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL, LABOR AGREEMENTS, OR YOUR PARTICIPATION OR LACK OF PARTICIPATION IN THE CITY'S WELLNESS PROGRAM.

## 2011 MONTHLY RATE CHART FOR ACTIVE EMPLOYEES

*This Chart applies to all Employees whose positions are represented by any of the following units:*

HACM, RACM, WCD & MEDC EMPLOYEES

### HMO Employer Share (All employees)

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

### Basic Plan Employer Share (All employees)

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

#### Chart I - Monthly Health Plan Rates For 2011

HEALTH PLAN	SINGLE PREMIUM	EMPLOYER SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	EMPLOYER SHARE	FAMILY EMPLOYEE SHARE
<b>United Health Care</b>	\$ 746.08	\$726.08	<i>\$20.00</i>	\$ 2,037.29	\$ 1,997.29	<i>\$40.00</i>
<b>Basic Plan</b> (includes Admin Fee)	\$ 979.75	\$904.75	<i>\$75.00</i>	\$ 2,208.11	\$ 2,058.11	<i>\$150.00</i>

#### Chart II - Monthly Dental Plan Rates For 2011 (All Employees)

DENTAL PLAN	SINGLE PREMIUM	EMPLOYER SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	EMPLOYER SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$ 24.95	\$ 13.00	<i>\$11.95</i>	\$ 86.20	\$ 37.50	<i>\$48.70</i>
<b>Care-Plus</b>	\$ 42.83	\$ 13.00	<i>\$29.83</i>	\$ 126.23	\$ 37.50	<i>\$88.73</i>
<b>DentalBlue</b>	\$ 47.25	\$ 13.00	<i>\$34.25</i>	\$ 141.77	\$ 37.50	<i>\$104.27</i>

## 2011 RATE CHART FOR ACTIVE EMPLOYEES

This Chart applies to all Employees whose positions are represented by any of the following units:

ALEASP (Clerical);

Police Service Specialist (ALEASP)

### HMO "EMPLOYEE SHARE" COMPUTATION

The CITY will pay, monthly, 100% of the lowest single or lowest family HMO premium cost to the City. For 2011, this contribution ("City Share") will be no more than \$746.08 (Single) or \$2,037.29 (Family) toward the cost of your HMO plan. Any excess premium over these amounts ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

### BASIC PLAN "EMPLOYEE SHARE" COMPUTATION

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

#### CHART I - 2011 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>United Health Care</b>	\$746.08	\$746.08	<i>No Cost</i>	\$2,037.29	\$2,037.29	<i>No Cost</i>
<b>Basic Plan</b>	\$979.75	\$904.75	<i>\$75.00</i>	\$2,208.11	\$2,058.11	<i>\$150.00</i>

#### CHART II - 2011 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$24.95	\$13.00	<i>\$11.95</i>	\$86.20	\$37.50	<i>\$48.70</i>
<b>Care-Plus</b>	\$42.83	\$13.00	<i>\$29.83</i>	\$126.23	\$37.50	<i>\$88.73</i>
<b>DentalBlue</b>	\$47.25	\$13.00	<i>\$34.25</i>	\$141.77	\$37.50	<i>\$104.27</i>

**NOTE:**

EMPLOYEE PREMIUMS IN 2011 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL, LABOR AGREEMENTS, OR YOUR PARTICIPATION OR LACK OF PARTICIPATION IN THE CITY'S WELLNESS PROGRAM.

## 2011 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:

District Council #48; NMNR; TEAM; Assc of Scient Pers; Assc of Muni Attys; SNC; Loc 510 IAM MBCTC; Loc 494 Electrical; Loc 494 Mach; Loc 75 Plumbers; Loc 195 Bridge Operators; Loc 139 Loc 61 Sanitation

### HMO "EMPLOYEE SHARE" COMPUTATION

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

### BASIC PLAN "EMPLOYEE SHARE" COMPUTATION

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

### CHART I - 2011 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>United Health Care</b>	\$746.08	\$726.08	<i>\$20.00</i>	\$2,037.29	\$1,997.29	<i>\$40.00</i>
<b>Basic Plan</b>	\$979.75	\$904.75	<i>\$75.00</i>	\$2,208.11	\$2,058.11	<i>\$150.00</i>

### CHART II - 2011 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$24.95	\$13.00	<i>\$11.95</i>	\$86.20	\$37.50	<i>\$48.70</i>
<b>Care-Plus</b>	\$42.83	\$13.00	<i>\$29.83</i>	\$126.23	\$37.50	<i>\$88.73</i>
<b>DentalBlue</b>	\$47.25	\$13.00	<i>\$34.25</i>	\$141.77	\$37.50	<i>\$104.27</i>

#### NOTE:

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## 2011 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:  
Milwaukee Professional Fire Fighters' Assc - Loc 215  
Fire Equipment Dispatchers (FEDS) - Loc #494

### HMO "EMPLOYEE SHARE" COMPUTATION

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the last paycheck of each month.

### BASIC PLAN "EMPLOYEE SHARE" COMPUTATION

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the last paycheck of each month.

### CHART I - 2011 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>United Health Care</b>	\$746.08	\$726.08	<i>\$20.00</i>	\$2,037.29	\$1,997.29	<i>\$40.00</i>
<b>Basic Plan</b>	\$979.75	\$904.75	<i>\$75.00</i>	\$2,208.11	\$2,058.11	<i>\$150.00</i>

### CHART II - 2011 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$28.86	\$13.00	<i>\$15.86</i>	\$82.68	\$37.50	<i>\$45.18</i>
<b>Care-Plus</b>	\$42.83	\$13.00	<i>\$29.83</i>	\$126.23	\$37.50	<i>\$88.73</i>
<b>DentalBlue</b>	\$47.25	\$13.00	<i>\$34.25</i>	\$141.77	\$37.50	<i>\$104.27</i>

NOTE:

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## 2011 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:  
Sworn Fire Management

### COMPUTATION METHOD OF "CITY SHARE"

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

### CHART I - 2011 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>United Health Care</b>	\$746.08	\$726.08	<i>\$20.00</i>	\$2,037.29	\$1,997.29	<i>\$40.00</i>
<b>Basic Plan</b>	\$979.75	\$904.75	<i>\$75.00</i>	\$2,208.11	\$2,058.11	<i>\$150.00</i>

### CHART II - 2011 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$28.86	\$13.00	<i>\$15.86</i>	\$82.68	\$37.50	<i>\$45.18</i>
<b>Care-Plus</b>	\$42.83	\$13.00	<i>\$29.83</i>	\$126.23	\$37.50	<i>\$88.73</i>
<b>DentalBlue</b>	\$47.25	\$13.00	<i>\$34.25</i>	\$141.77	\$37.50	<i>\$104.27</i>

#### NOTE:

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## 2011 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:  
Milwaukee Police Association (MPA)

### COMPUTATION METHOD OF HMO "CITY SHARE"

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the last paycheck of each month.

### COMPUTATION METHOD OF BASIC PLAN "EMPLOYEE SHARE"

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the last paycheck of each month.

#### CHART I - 2011 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>United Health Care</b>	\$746.08	\$726.08	<i>\$20.00</i>	\$2,037.29	\$1,997.29	<i>\$40.00</i>
<b>Basic Plan</b>	\$979.75	\$904.75	<i>\$75.00</i>	\$2,208.11	\$2,058.11	<i>\$150.00</i>

#### CHART II - 2011 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$28.94	\$13.00	<i>\$15.94</i>	\$88.05	\$37.50	<i>\$50.55</i>
<b>Care-Plus</b>	\$42.83	\$13.00	<i>\$29.83</i>	\$126.23	\$37.50	<i>\$88.73</i>
<b>DentalBlue</b>	\$47.25	\$13.00	<i>\$34.25</i>	\$141.77	\$37.50	<i>\$104.27</i>

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## 2011 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:  
Milwaukee Police Supervisors Organization (MPSO)

### COMPUTATION METHOD OF HMO "CITY SHARE"

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the last paycheck of each month.

### COMPUTATION METHOD OF BASIC PLAN "EMPLOYEE SHARE"

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the last paycheck of each month.

### CHART I - 2011 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>United Health Care</b>	\$746.08	\$726.08	<i>\$20.00</i>	\$2,037.29	\$1,997.29	<i>\$40.00</i>
<b>Basic Plan</b>	\$979.75	\$904.75	<i>\$75.00</i>	\$2,208.11	\$2,058.11	<i>\$150.00</i>

### CHART II - 2011 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$28.94	\$13.00	<i>\$15.94</i>	\$88.05	\$37.50	<i>\$50.55</i>
<b>Care-Plus</b>	\$42.83	\$13.00	<i>\$29.83</i>	\$126.23	\$37.50	<i>\$88.73</i>
<b>DentalBlue</b>	\$47.25	\$13.00	<i>\$34.25</i>	\$141.77	\$37.50	<i>\$104.27</i>

#### NOTE:

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## 2011 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:  
MPA Police Aides

### HMO Employee Share for "MPA Police Aides"

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

### Basic Plan Employee Share for "MPA Police Aides"

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

### CHART I - 2011 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>United Health Care</b>	\$746.08	\$726.08	<i>\$20.00</i>	\$2,037.29	\$1,997.29	<i>\$40.00</i>
<b>Basic Plan</b>	\$979.75	\$904.75	<i>\$75.00</i>	\$2,208.11	\$2,058.11	<i>\$150.00</i>

### CHART II - 2011 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$24.95	\$13.00	<i>\$11.95</i>	\$86.20	\$37.50	<i>\$48.70</i>
<b>Care-Plus</b>	\$42.83	\$13.00	<i>\$29.83</i>	\$126.23	\$37.50	<i>\$88.73</i>
<b>DentalBlue</b>	\$47.25	\$13.00	<i>\$34.25</i>	\$141.77	\$37.50	<i>\$104.27</i>

**NOTE:**

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## 2011 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:  
Sworn Police Management

### COMPUTATION METHOD OF "CITY SHARE"

An employee will pay \$20.00 (single) or \$40.00 (family) as his/her share of the HMO Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the employee's second paycheck of each month.

### CHART I - 2011 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>United Health Care</b>	\$746.08	\$726.08	<i>\$20.00</i>	\$2,037.29	\$1,997.29	<i>\$40.00</i>
<b>Basic Plan</b>	\$979.75	\$904.75	<i>\$75.00</i>	\$2,208.11	\$2,058.11	<i>\$150.00</i>

### CHART II - 2011 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$28.94	\$13.00	<i>\$15.94</i>	\$88.05	\$37.50	<i>\$50.55</i>
<b>Care-Plus</b>	\$42.83	\$13.00	<i>\$29.83</i>	\$126.23	\$37.50	<i>\$88.73</i>
<b>DentalBlue</b>	\$47.25	\$13.00	<i>\$34.25</i>	\$141.77	\$37.50	<i>\$104.27</i>

#### NOTE:

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## 2011 Rate Chart For Active Employees

This Chart applies to all employees whose positions are represented by any of the following units:

**Limited Benefit Employees** (LBE) (Part-time employees); **Seasonal Laborers**;  
General City Management

(Seasonal employees are not eligible for City dental coverage)

### BASIC PLAN "EMPLOYEE SHARE" COMPUTATION

For 2011, an employee will contribute 50% of the required monthly City contribution towards the subscriber cost in single or family Basic Health Plan. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

### HMO "EMPLOYEE SHARE" COMPUTATION

For 2011, an employee will contribute 25% of the single HMO required City contribution and 40% of the family HMO required City contribution towards the subscriber cost in a single or family HMO plan. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

### CHART I - 2011 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>United Health Care</b>	\$746.08	\$564.56	<i>\$181.52</i>	\$2,037.29	\$1,238.37	<i>\$798.92</i>
<b>Basic Plan</b>	\$979.75	\$527.37	<i>\$452.38</i>	\$2,208.11	\$1,179.05	<i>\$1,029.06</i>

### CHART II - 2011 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$24.95	\$6.50	<i>\$18.45</i>	\$86.20	\$18.75	<i>\$67.45</i>
<b>Care-Plus</b>	\$42.83	\$6.50	<i>\$36.33</i>	\$126.23	\$18.75	<i>\$107.48</i>
<b>DentalBlue</b>	\$47.25	\$6.50	<i>\$40.75</i>	\$141.77	\$18.75	<i>\$123.02</i>

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## 2011 RATE CHART FOR ACTIVE EMPLOYEES

This Chart applies to all employees whose positions are represented by any of the following units:  
**Limited Benefit Employees (LBE) (Part-time employees); Seasonal Laborers;**

**ALEASP (Clerical); Police Service Specialist (ALEASP)**

*(Seasonal employees are not eligible for City dental coverage)*

### COMPUTATION METHOD OF BASIC PLAN "EMPLOYEE SHARE"

For 2010 an employee will contribute 50% of the required monthly City contribution towards the subscriber cost in single or family Basic Health Plan. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

### COMPUTATION METHOD OF HMO PLAN "EMPLOYEE SHARE"

For 2010 an employee will contribute 25% of the single HMO required City contribution and 40% of the family HMO required City contribution towards the subscriber cost in a single or family HMO plan. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

### CHART I - 2011 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>United Health Care</b>	\$746.08	\$559.56	<i>\$186.52</i>	\$2,037.29	\$1,222.37	<i>\$814.92</i>
<b>Basic Plan</b>	\$979.75	\$527.37	<i>\$452.38</i>	\$2,208.11	\$1,179.05	<i>\$1,029.06</i>

### CHART II - 2011 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$24.95	\$6.50	<i>\$18.45</i>	\$86.20	\$18.75	<i>\$67.45</i>
<b>Care-Plus</b>	\$42.83	\$6.50	<i>\$36.33</i>	\$126.23	\$18.75	<i>\$107.48</i>
<b>DentalBlue</b>	\$47.25	\$6.50	<i>\$40.75</i>	\$141.77	\$18.75	<i>\$123.02</i>

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## 2011 RATE CHART FOR ACTIVE EMPLOYEES

This Chart applies to all employees whose positions are represented by any of the following units:

**Limited Benefit Employees (LBE) (Part-time employees); Seasonal Laborers;**

District Council #48; TEAM; Assc Of Scient Pers; NMNR; SNC; Loc 139;

Loc 61 Sanitation

*(Seasonal employees are not eligible for City dental coverage)*

### COMPUTATION METHOD OF BASIC PLAN "EMPLOYEE SHARE"

For 2010 an employee will contribute 50% of the required monthly City contribution towards the subscriber cost in single or family Basic Health Plan. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

### COMPUTATION METHOD OF HMO PLAN "EMPLOYEE SHARE"

For 2010 an employee will contribute 25% of the single HMO required City contribution and 40% of the family HMO required City contribution towards the subscriber cost in a single or family HMO plan. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

### CHART I - 2011 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>United Health Care</b>	\$746.08	\$564.56	<i>\$181.52</i>	\$2,037.29	\$1,238.37	<i>\$798.92</i>
<b>Basic Plan</b>	\$979.75	\$527.37	<i>\$452.38</i>	\$2,208.11	\$1,179.05	<i>\$1,029.06</i>

### CHART II - 2011 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$24.95	\$6.50	<i>\$18.45</i>	\$86.20	\$18.75	<i>\$67.45</i>
<b>Care-Plus</b>	\$42.83	\$6.50	<i>\$36.33</i>	\$126.23	\$18.75	<i>\$107.48</i>
<b>DentalBlue</b>	\$47.25	\$6.50	<i>\$40.75</i>	\$141.77	\$18.75	<i>\$123.02</i>

#### NOTE:

EMPLOYEE PREMIUMS IN 2011 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL, LABOR AGREEMENTS, OR YOUR PARTICIPATION OR LACK OF PARTICIPATION IN THE CITY'S WELLNESS PROGRAM.

## 2011 Rate Chart For Active Employees

This Chart applies to all employees whose positions are represented by any of the following units:

**Limited Benefit Employees** (LBE) (Part-time employees); **Seasonal Laborers**;

Local 494 Elec Shop; MBCTC; Assc of Muni Attys; Loc 195 Bridge Operators

Loc 75 Plumbers; Loc 494 Mach Shop; Loc 510 IAM

*(Seasonal employees are not eligible for City dental coverage)*

### COMPUTATION METHOD OF BASIC PLAN "EMPLOYEE SHARE"

For 2010, the City's contribution "...shall not exceed 50% of the maximum City contribution. The half-time employee shall contribute the balance. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

### COMPUTATION METHOD OF HMO PLAN "EMPLOYEE SHARE"

For 2010, the City's contribution "...shall not exceed 50% of the maximum City contribution. The half-time employee shall contribute the balance. Your contribution will be deducted as a payroll deduction from your 2nd paycheck of each month.

### CHART I - 2011 Monthly HEALTH Plan Rates

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>United Health Care</b>	\$ 746.08	\$363.04	<i>\$383.04</i>	\$ 2,037.29	\$998.64	<i>\$1,038.65</i>
<b>Basic Plan</b>	\$ 979.75	\$452.38	<i>\$527.37</i>	\$ 2,208.11	\$1,029.06	<i>\$1,179.05</i>

### CHART II - 2011 Monthly DENTAL Plan Rates

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
<b>WPS/Delta Dental</b>	\$ 24.95	\$6.50	<i>\$18.45</i>	\$ 86.20	\$18.75	<i>\$67.45</i>
<b>Care-Plus</b>	\$ 42.83	\$6.50	<i>\$36.33</i>	\$ 126.23	\$18.75	<i>\$107.48</i>
<b>DentalBlue</b>	\$ 47.25	\$6.50	<i>\$40.75</i>	\$ 141.77	\$18.75	<i>\$123.02</i>

NOTE:

EMPLOYEE PREMIUMS IN 2011 ARE SUBJECT TO CHANGE BY ACTION OF THE COMMON COUNCIL, LABOR AGREEMENTS, OR YOUR PARTICIPATION OR LACK OF PARTICIPATION IN THE CITY'S WELLNESS PROGRAM.

City of Milwaukee  
DER/Employee Benefits Division  
Full Premium Rates (100%)

**2011 C.O.B.R.A. HEALTH PREMIUM RATES**

<b><u>HEALTH</u></b>	<b><u>Basic Plan</u></b>	<b><u>United Health Care</u></b>
Single	\$979.75	\$746.08
Family	\$2,208.11	\$2,037.29

**2011 C.O.B.R.A. DENTAL PREMIUM RATES**

<b><u>General City Dental</u></b>	<b><u>WPS/DELTA</u></b>	<b><u>CAREPLUS</u></b>	<b><u>DENTALBLUE</u></b>
Single	\$24.95	\$42.83	\$47.25
Family	\$86.20	\$126.23	\$141.77
<b><u>Fire Dental</u></b>			
Single	\$28.86	\$42.83	\$47.25
Family	\$82.68	\$126.23	\$141.77
<b><u>Police Dental</u></b>			
Single	\$28.94	\$42.83	\$47.25
Family	\$88.05	\$126.23	\$141.77

City of Milwaukee  
DER/Employee Benefits Division  
Rates include a 2% Admin Fee

**2011 C.O.B.R.A. HEALTH PREMIUM RATES**

<b><u>HEALTH</u></b>	<b><u>Basic Plan</u></b>	<b><u>United Health Care</u></b>
Single	\$999.35	\$761.00
Family	\$2,252.28	\$2,078.04

**2011 C.O.B.R.A. DENTAL PREMIUM RATES**

<b><u>General City Dental</u></b>	<b><u>WPS/DELTA</u></b>	<b><u>CAREPLUS</u></b>	<b><u>DENTALBLUE</u></b>
Single	\$25.45	\$43.69	\$48.20
Family	\$87.93	\$128.76	\$144.61
<b><u>Fire Dental</u></b>			
Single	\$29.44	\$43.69	\$48.20
Family	\$84.34	\$128.76	\$144.61
<b><u>Police Dental</u></b>			
Single	\$29.52	\$43.69	\$48.20
Family	\$89.82	\$128.76	\$144.61

**City of Milwaukee**  
**Dept of Employee Relations**

2011 Health Premium Rates

	<b>Basic Plan</b>	<b>United Health Care</b>
Single	<b>\$979.75</b>	<b>\$746.08</b>
Family	<b>\$2,208.11</b>	<b>\$2,037.29</b>

2011 Dental Premium Rates

	<u>WPS/DELTA</u>	<u>CAREPLUS</u>	<u>DENTALBLUE</u>
	<u>General City Dental</u>		
Single	\$24.95	\$42.83	\$47.25
Family	\$86.20	\$126.23	\$141.77
	<u>Fire Dental</u>		
Single	\$28.86	\$42.83	\$47.25
Family	\$82.68	\$126.23	\$141.77
	<u>Police Dental</u>		
Single	\$28.94	\$42.83	\$47.25
Family	\$88.05	\$126.23	\$141.77

**Full Premium Rates (100%)**

2011 C.O.B.R.A. Health Premium Rates  
 Disability Retirees

	HEALTH	Basic Plan	United Health Care
Single		\$1,469.63	\$1,119.12
Family		\$3,312.17	\$3,055.94

**Rates include a 50% Admin Fee**

2011 C.O.B.R.A. DENTAL PREMIUM RATES

	<u>WPS/DELTA</u>	<u>CAREPLUS</u>	<u>DENTALBLUE</u>
	<u>General City Dental</u>		
Single	\$37.43	\$64.25	\$70.88
Family	\$129.30	\$189.35	\$212.66
	<u>Fire Dental</u>		
Single	\$43.29	\$64.25	\$70.88
Family	\$124.02	\$189.35	\$212.66
	<u>Police Dental</u>		
Single	\$43.41	\$64.25	\$70.88
Family	\$132.08	\$189.35	\$212.66

**Rates include a 50% Admin Fee**



**City of Milwaukee  
DER/Employee Benefits Division  
Medical Benefits Section**

**C.O.B.R.A DISABILITY EXTENSION RATES**

**2011 C.O.B.R.A. HEALTH DISABILITY EXTENSION RATES (x 1.5%)**

<b>Rates Include a 50% Admin Fee</b>	<b>Basic Plan</b>	<b>United Health Care</b>
<b>Single</b>	\$1,469.63	\$1,119.11
<b>Family</b>	\$3,312.17	\$3,055.93

**2011 C.O.B.R.A. DENTAL DISABILITY EXTENSION RATES (x 1.5%)**

<b>Rates Include a 50% Admin Fee</b>	<b>Delta Dental</b>	<b>CarePlus Dental</b>	<b>DentalBlue</b>

**GENERAL CITY**

<b>Single</b>	\$37.43	\$64.25	\$70.88
<b>Family</b>	\$129.30	\$189.35	\$212.66

**FIRE**

<b>Single</b>	\$43.29	\$64.25	\$70.88
<b>Family</b>	\$124.02	\$189.35	\$212.66

**POLICE**

<b>Single</b>	\$43.41	\$64.25	\$70.88
<b>Family</b>	\$132.08	\$189.35	\$212.66

If you have questions, please call our office at (414) 286-3184 and your question(s) will be directed to the appropriate person.